

<i>SERFF Tracking Number:</i>	<i>CNAC-125913338</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Continental Casualty Company</i>	<i>State Tracking Number:</i>	<i>EFT \$100</i>
<i>Company Tracking Number:</i>	<i>08-R2248</i>		
<i>TOI:</i>	<i>17.0 Other Liability - Claims Made/Occurrence</i>	<i>Sub-TOI:</i>	<i>17.0019 Professional Errors &amp; Omissions Liability</i>
<i>Product Name:</i>	<i>Accountants NetProtect Program</i>		
<i>Project Name/Number:</i>	<i>Accountants NetProtect Program /08-R2248</i>		

## Filing at a Glance

Company: Continental Casualty Company	SERFF Tr Num: CNAC-125913338	State: Arkansas
Product Name: Accountants NetProtect Program		
TOI: 17.0 Other Liability - Claims Made/Occurrence	SERFF Status: Closed	State Tr Num: EFT \$100
Sub-TOI: 17.0019 Professional Errors & Omissions Liability	Co Tr Num: 08-R2248	State Status: Fees verified and received
Filing Type: Rate/Rule	Co Status:	Reviewer(s): Betty Montesi, Edith Roberts
	Author: Robert Alonzo	Disposition Date: 11/21/2008
	Date Submitted: 11/20/2008	Disposition Status: Filed
Effective Date Requested (New): 01/01/2009		Effective Date (New):
Effective Date Requested (Renewal): 01/01/2009		Effective Date (Renewal):
State Filing Description:		

## General Information

Project Name: Accountants NetProtect Program	Status of Filing in Domicile:
Project Number: 08-R2248	Domicile Status Comments:
Reference Organization:	Reference Number:
Reference Title:	Advisory Org. Circular:
Filing Status Changed: 11/21/2008	
State Status Changed: 11/21/2008	Deemer Date:
Corresponding Filing Tracking Number:	
Filing Description:	
On behalf of Continental Casualty Company, we hereby submit for your review and approval the attached updated manual rates & rules for use with our approved Accountants Professional Liability Program currently on file with your department.	
Attached for your review is:	

SERFF Tracking Number: CNAC-125913338 State: Arkansas  
Filing Company: Continental Casualty Company State Tracking Number: EFT \$100  
Company Tracking Number: 08-R2248  
TOI: 17.0 Other Liability - Claims Made/Occurrence Sub-TOI: 17.0019 Professional Errors & Omissions Liability  
Product Name: Accountants NetProtect Program  
Project Name/Number: Accountants NetProtect Program /08-R2248

- the actuarial memorandum providing details of the proposed rates;
- new Premier Plan Product Manual pages APL-IIA-19 ;
- new Value Plan Product Manual page APL-IIB-6;
- revised Premier Plan State exception pages;
- revised Value Plan State exception pages; and

## Company and Contact

### Filing Contact Information

Robert Alonzo, State Filing Analyst  
40 Wall Street  
New York, NY 10005  
robert.alonzo@cna.com  
(212) 440-3478 [Phone]  
(212) 440-2877[FAX]

### Filing Company Information

Continental Casualty Company  
40 Wall Street  
9th Floor  
New York, NY 10005  
(212) 440-3478 ext. [Phone]  
CoCode: 20443  
Group Code: 218  
Group Name:  
FEIN Number: 36-2114545  
State of Domicile: Illinois  
Company Type:  
State ID Number:

## Filing Fees

Fee Required? Yes  
Fee Amount: \$100.00  
Retaliatory? No  
Fee Explanation:  
Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Continental Casualty Company	\$100.00	11/20/2008	24065984

*SERFF Tracking Number:*      *CNAC-125913338*      *State:*      *Arkansas*  
*Filing Company:*      *Continental Casualty Company*      *State Tracking Number:*      *EFT \$100*  
*Company Tracking Number:*      *08-R2248*  
*TOI:*      *17.0 Other Liability - Claims Made/Occurrence*      *Sub-TOI:*      *17.0019 Professional Errors & Omissions Liability*  
  
*Product Name:*      *Accountants NetProtect Program*  
*Project Name/Number:*      *Accountants NetProtect Program /08-R2248*

## Correspondence Summary

### Dispositions

<b>Status</b>	<b>Created By</b>	<b>Created On</b>	<b>Date Submitted</b>
Filed	Edith Roberts	11/21/2008	11/21/2008

<i>SERFF Tracking Number:</i>	<i>CNAC-125913338</i>	<i>State:</i>	<i>Arkansas</i>
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<i>TOI:</i>	<i>17.0 Other Liability - Claims Made/Occurrence</i>	<i>Sub-TOI:</i>	<i>17.0019 Professional Errors &amp; Omissions Liability</i>
<i>Product Name:</i>	<i>Accountants NetProtect Program</i>		
<i>Project Name/Number:</i>	<i>Accountants NetProtect Program /08-R2248</i>		

## Disposition

Disposition Date: 11/21/2008

Effective Date (New):

Effective Date (Renewal):

Status: Filed

Comment:

<b>Company Name:</b>	<b>Overall % Rate Impact:</b>	<b>Written Premium Change for this Program:</b>	<b># of Policy Holders Affected for this Program:</b>	<b>Premium:</b>	<b>Maximum % Change (where required):</b>	<b>Minimum % Change (where required):</b>	<b>Overall % Indicated Change:</b>
Continental Casualty Company	0.000%	\$0	0	\$1,335,688	0.000%	0.000%	0.000%

SERFF Tracking Number: CNAC-125913338 State: Arkansas

Filing Company: Continental Casualty Company State Tracking Number: EFT \$100

Company Tracking Number: 08-R2248

TOI: 17.0 Other Liability - Claims Made/Occurrence Sub-TOI: 17.0019 Professional Errors & Omissions Liability

Product Name: Accountants NetProtect Program

Project Name/Number: Accountants NetProtect Program /08-R2248

Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty	Filed	Yes
Supporting Document	NAIC Loss Cost Filing Document for OTHER than Workers' Comp	Filed	Yes
Supporting Document	NAIC loss cost data entry document	Filed	Yes
Supporting Document	cover letter	Filed	Yes
Supporting Document	Actuary Memo	Filed	Yes
Rate	Premier Page	Filed	Yes
Rate	Value Page	Filed	Yes
Rate	AR Premier Page	Filed	Yes
Rate	AR Value Page	Filed	Yes

SERFF Tracking Number:	CNAC-125913338	State:	Arkansas
Filing Company:	Continental Casualty Company	State Tracking Number:	EFT \$100
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TOI:	17.0 Other Liability - Claims Made/Occurrence	Sub-TOI:	17.0019 Professional Errors & Omissions Liability
Product Name:	Accountants NetProtect Program		
Project Name/Number:	Accountants NetProtect Program /08-R2248		

## Rate Information

Rate data applies to filing.

<b>Filing Method:</b>	P/A
<b>Rate Change Type:</b>	Neutral
<b>Overall Percentage of Last Rate Revision:</b>	0.000%
<b>Effective Date of Last Rate Revision:</b>	
<b>Filing Method of Last Filing:</b>	

## Company Rate Information

Company Name:	Overall % Indicated Change:	Overall % Rate Impact:	Written Premium Change for this Program:	# of Policy Holders Affected for this Program:	Premium:	Maximum % Change (where required):	Minimum % Change (where required):
Continental Casualty Company	0.000%	0.000%	\$0	0	\$1,335,688	0.000%	0.000%

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 TOI: 17.0 Other Liability - Claims Made/Occurrence Sub-TOI: 17.0019 Professional Errors & Omissions Liability  
 Product Name: Accountants NetProtect Program  
 Project Name/Number: Accountants NetProtect Program /08-R2248

## Rate/Rule Schedule

Review Status:	Exhibit Name:	Rule # or Page #:	Rate Action	Previous State Filing Attachments Number:
Filed	Premier Page	page APL-IIA-19	New	Premier Plan Manual Page 19.pdf
Filed	Value Page	Page APL-IIB-6	New	CPA Value Plan Manual Page 6.pdf
Filed	AR Premier Page	pages 1 thru 9	New	AR_PP_2008.pdf
Filed	AR Value Page	pages 1 thru 3	New	AR_VP_2008.pdf

**Accountants Professional Liability**  
**Section II.**  
**Product Manual**  
**II.A. Premier Plan Program**

XV. CPA NetProtect Endorsement

A. Coverage is defined in the CPA NetProtect endorsement.

B. Minimum premium

The minimum premium is as follows:

Minimum Premium - \$270

C. CPA NetProtect Base Premiums/Revenue Range

D. Increased Limit Factors (ILF's)

See individual state rate pages.

E. Deductible Factors

See individual state rate pages.

F. Privacy Event Coverage Premiums/Revenue Range

The final premium is calculated by selecting the CPA NetProtect base premium corresponding to the Insured's revenue range and multiplying by the appropriate Increased Limit and Deductible factors and finally adding the base premium corresponding to the Insured's revenue range for Privacy Event Coverage.

**Accountants Professional Liability**  
**Section II.**  
**Product Manual**  
**II.B. CPA Value Plan Program**

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**Accountants Professional Liability**  
**Section III.**  
**State Pages**  
**III.A. Premier Plan Program**

**ARKANSAS (03)**

**I. MANDATORY FORMS**

The following forms are mandatory in the state of Arkansas:

<u>Form #</u>	<u>Description</u>
G-127164-A03	Amendment of Termination Provisions - Arkansas
G-127165-A03	Amendatory Endorsement - Arkansas
G-127152-A	Claims Expenses Outside the Limits
G-18394 -A03	Policyholder Information
G-127157-A	Nuclear Energy and Pollution Exclusion

**II. GROSS RECEIPTS RATING TIER**

Gross Receipts	Rating Factor
First \$300,000	0.00529
Next \$200,000	0.00529
Next \$250,000	0.00529
Next \$250,000	0.00529
Next \$2,000,000	0.00527
Next \$2,000,000	0.00488
Any Remaining Gross Receipts	0.00352

**III. MINIMUM/MAXIMUM RATE PER PROFESSIONAL TABLE**

Firms with gross receipts <b>less than or equal</b> to \$1,000,000	
Minimum Rate Per Professional	\$537
Maximum Rate Per Professional	\$1,130

Firms with gross receipts <b>greater than</b> \$1,000,000	
Minimum Rate Per Professional	\$541
Maximum Rate Per Professional	\$1,023

**Accountants Professional Liability**  
**Section III.**  
**State Pages**  
**III.A. Premier Plan Program**

**IV. INCREASED LIMIT FACTORS** (Increase from Basic Limits)

Limit	Factor	Limit	Factor
\$100,000/\$250,000	1.05	\$3,000,000/\$3,000,000	3.04
\$250,000/\$250,000	1.27	\$3,000,000/\$6,000,000	3.20
\$250,000/\$500,000	1.41	\$4,000,000/\$4,000,000	3.45
\$500,000/\$500,000	1.53	\$5,000,000/\$5,000,000	3.77
\$500,000/\$1,000,000	1.61	\$5,000,000/\$10,000,000	4.34
\$1,000,000/\$1,000,000	1.78	\$6,000,000/\$6,000,000	4.15
\$1,000,000/\$2,000,000	2.14	\$7,000,000/\$7,000,000	4.54
\$1,000,000/\$3,000,000	2.25	\$7,500,000/\$7,500,000	4.73
\$2,000,000/\$2,000,000	2.47	\$8,000,000/\$8,000,000	4.91
\$2,000,000/\$4,000,000	2.60	\$9,000,000/\$9,000,000	5.28
		\$10,000,000/\$10,000,000	5.66

\$500 minimum premium per each additinal \$1,000,000 per claim limit.

Limits in excess of \$5,000,000/\$5,000,000 are subject to reinsurance availability.

**V. DEDUCTIBLE OPTIONS**

Deductible amount	Per Claim Factor	Aggregate Factor	Deductible amount	Per Claim Factor	Aggregate Factor
\$500	1.15	1.16	\$50,000	.67	.69
1,000	1.00	1.01	75,000	.60	.62
2,000	.98	.99	100,000	.53	.56
3,000	.96	.97	150,000	.46	.50
4,000	.94	.95	200,000	.42	.47
5,000	.92	.93	250,000	.38	.43
10,000	.90	.91	300,000	.35	.40
15,000	.86	.87	350,000	.34	.39
20,000	.83	.84	400,000	.33	.38
25,000	.79	.80	450,000	.32	.37
35,000	.74	.75	500,000	.31	.36

**Accountants Professional Liability**  
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**VI. CLAIMS EXPENSES OUTSIDE THE LIMITS FACTOR**

A factor of 1.10 will be applied to the Modified Base Premium to provide for claim expenses being in addition to the limit of liability.

**VII. EXTENDED CLAIM REPORTING PERIOD COVERAGE**

The percentage factors in the following table shall be applied to the annual premium in effect at the inception of the policy to which the Extended Claim Reporting Period endorsement is attached. This provides for reinstatement of policy limits for the Extended Claim Reporting Period.

<u>Years of ECRP Option</u>	<u>% of last Claims-made Policy Annual Premium</u>
1	100%
3	220%
5	250%
6	260%

**VIII. CHANGES TO ACCOUNTANTS PROFESSIONAL LIABILITY PRODUCT MANUAL - *PREMIER PLAN PROGRAM***

The Accountants Professional Liability Product Manual - *Premier Plan Program* will apply subject to the following changes:

**VI.D.1. Area of Practice Classification Plan**

- a. Determine an individual factor for each area of practice.
- b. Sum the factors for each area of practice.
- c. Add to a unity of (1.00). Round. The result is the Area of Practice Classification Plan factor.

**VI.D.1.A. Area of Practice - Low Concentration Exposure**

The following factors contemplate the insured's higher exposure due to a low percentage of area of practice in Auditing - Other, Business Returns, and Estate Returns.

**Accountants Professional Liability**  
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<u>Area of Practice</u>	<u>% of Practice</u>	<u>% Factor</u>
Audit - Other	1 - 5%	9%
	6 - 10%	7%
Business Returns	1 - 5%	5%
	6 - 10%	3%
Estate Returns	1 - 5%	2%
	6 - 10%	1%

**VI.D.1.B. Area of Practice - Other Concentration Exposure**

<u>Area of Practice</u>	<u>% of Practice</u>	<u>% Factor</u>
Personal Financial Planning	1 - 15%	4%
	16 - 26%	14%
	27 - 35%	19%
	36% or more	29%
Audit - Other	11 - 35%	9%
	36% or more	19%
Forecasts/Projections	1 - 15%	4%
	16 - 20%	12%
	21 - 25%	22%
	26% or more	37%
Other Assurance Services	1 - 15%	5%
	16 - 20%	10%
	21 - 25%	20%
	26% or more	35%
Estate Returns	11% or more	1%
Other Consulting	21 - 25%	20%
	26% or more	30%
Business Valuation	1 - 15%	2%
	16 - 20%	10%
	21 - 25%	20%
	26% or more	35%

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<u>Area of Practice</u>	<u>% of Practice</u>	<u>% Factor</u>
Litigation Consulting Services	21 - 25%	20%
	26% or more	30%
Information Technology	26 - 30%	15%
	31% or more	25%

The following debits will be applied in addition to the Information Technology debits scheduled above when the risk is performing the described services.

**Type of Information Technology Services**

Debit when  
Engagement  
Letters are used

Debit when  
Engagement Letters  
are NOT used

Class A	Letters are used	are NOT used
Data Processing and Entry	2%	4%
Recommending, selling, and/or training clients on computer software and hardware		
Installing software and hardware		
Class B		
Performing regular systems maintenance	5%	7%
Network design and installation		
Modifying, designing or developing custom software or hardware for use by a <b>single</b> client		
Class C		
Designing or developing software or hardware for <b>mass distribution</b> .	10%	15%
Class D		
Web Page development, Web Page maintenance/updates, or Content provider for Web Page/Forum	20%	40%
Class E		
Hosting Web Pages, Internet Access Provider, Electronic Bulletin Board Service, File Transfer Protocol Site, or Forum Manager	40%	60%
Other: Please describe-		

**VI.D.8. Individual Risk Modification Plan**

The maximum debit or credit available under the Individual Risk Modification Plan is 50%.

**Accountants Professional Liability**  
**Section III.**  
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***III.A. Premier Plan Program***

**IX. OTHER PROFESSIONAL COVERAGE ENDORSEMENTS**

The base rates for other professional coverage endorsements are as follows:

**A. Registered Representative**

Base rate per registered representative = \$315

**B. Life Insurance Agent or Broker**

Base rate per life insurance agent or broker = \$255

**C. Real Estate Agent**

Base rate per real estate agent = \$757

**Accountants Professional Liability**  
**Section III.**  
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**X. CPA NetProtect BASE PREMIUMS**

- A. The final premium is calculated by selecting the base premium corresponding to the Insured's revenue range and multiplying by appropriate factors for Increased Limits and Deductibles and finally **adding** the base premium corresponding to the insured's revenue range for the Privacy Event Coverage, all of which are described in the Product Manual.

<b>BASE PREMIUM</b>		
Revenue Range		Base Premium
		(per \$1mm/\$1mm Limit at \$10K Ded.)
<u>Low</u>	<u>High</u>	
	\$ 50,000	\$ 90
\$ 50,001	\$ 100,000	\$ 100
\$ 100,001	\$ 150,000	\$ 135
\$ 150,001	\$ 200,000	\$ 170
\$ 200,001	\$ 300,000	\$ 204
\$ 300,001	\$ 400,000	\$ 272
\$ 400,001	\$ 500,000	\$ 339
\$ 500,001	\$ 650,000	\$ 405
\$ 650,001	\$ 800,000	\$ 504
\$ 800,001	\$ 1,000,000	\$ 602
\$ 1,000,001	\$ 1,200,000	\$ 731
\$ 1,200,001	\$ 1,500,000	\$ 854
\$ 1,500,001	\$ 2,000,000	\$ 1,029
\$ 2,000,001	\$ 2,500,000	\$ 1,305
\$ 2,500,001	\$ 3,000,000	\$ 1,568
\$ 3,000,001	\$ 4,000,000	\$ 1,818
\$ 4,000,001	\$ 5,000,000	\$ 2,293
\$ 5,000,001	\$ 6,000,000	\$ 2,744
\$ 6,000,001	\$ 7,000,000	\$ 3,172
\$ 7,000,001	\$ 8,000,000	\$ 3,579
\$ 8,000,001	\$ 9,000,000	\$ 3,965
\$ 9,000,001	\$ 10,000,000	\$ 4,333
\$ 10,000,001+		*

\* Above \$10,000,000 the Rate is \$34.89 for each \$100,000 of revenue.

**B. Increased Limit Factors (ILF's)**

<b>ILF</b>					
<b>Claim Limit</b>	<u><b>Aggregate Limit</b></u>				
	\$100K	\$250K	\$500K	\$1mm	\$2mm
\$ 100,000	0.550				
\$ 250,000		0.650			
\$ 500,000			0.775		
\$ 1,000,000				1.000	
\$ 2,000,000					1.380

**Accountants Professional Liability**  
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**State Pages**  
**III.A. Premier Plan Program**

C. Deductible Factors

<b>DEDUCTIBLE</b>	
Deductible	Factor
\$ 2,500	1.35
\$ 5,000	1.20
\$ 10,000	1.00
\$ 25,000	0.86
\$ 50,000	0.80

D. Privacy Event Coverage Premium

<b>PRIVACY EVENT COVERAGE PREMIUM</b>		
Revenue Range		Premium
<u>Low</u>	<u>High</u>	
	\$ 50,000	\$ 231
\$ 50,001	\$ 100,000	\$ 231
\$ 100,001	\$ 150,000	\$ 231
\$ 150,001	\$ 200,000	\$ 231
\$ 200,001	\$ 300,000	\$ 231
\$ 300,001	\$ 400,000	\$ 231
\$ 400,001	\$ 500,000	\$ 308
\$ 500,001	\$ 650,000	\$ 308
\$ 650,001	\$ 800,000	\$ 308
\$ 800,001	\$ 1,000,000	\$ 308
\$ 1,000,001	\$ 1,200,000	\$ 308
\$ 1,200,001	\$ 1,500,000	\$ 371
\$ 1,500,001	\$ 2,000,000	\$ 477
\$ 2,000,001	\$ 2,500,000	\$ 579
\$ 2,500,001	\$ 3,000,000	\$ 675
\$ 3,000,001	\$ 4,000,000	\$ 857
\$ 4,000,001	\$ 5,000,000	\$ 1,031
\$ 5,000,001	\$ 6,000,000	\$ 1,196
\$ 6,000,001	\$ 7,000,000	\$ 1,352
\$ 7,000,001	\$ 8,000,000	\$ 1,501
\$ 8,000,001	\$ 9,000,000	\$ 1,642
\$ 9,000,001	\$ 10,000,000	\$ 1,776
\$ 10,000,001+		*

\*Above \$10,000,000, the Rate is \$13.16 for each \$100,000 of revenue.

- Privacy Event Coverage up to \$15,000/\$15,000 for firms with revenues of \$400,000 or less.
- Privacy Event Coverage up to \$25,000/\$25,000 for firms with revenues of \$400,001 or more.

**Accountants Professional Liability**  
**Section III.**  
**State Pages**  
***III.A. Premier Plan Program***

**Accountants Professional Liability**  
**Section III.**  
**State Pages**  
***III.B. CPA Value Plan Program***

**ARKANSAS (03)**

**I. MANDATORY FORMS**

The following forms are mandatory in the state of Arkansas:

<u>Form #</u>	<u>Description</u>
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G-127152-A	Claim Expenses Outside the Limits
G-18394 -A03	Policyholder Information
G-127157-A	Nuclear Energy and Pollution Exclusion

**II. STATE EXCEPTIONS - RULES**

Company pages found in this manual shall apply to this program subject to the following changes:

Reserved for future use.

**III. ANNUAL PREMIUMS**

Claims-Made Basic Limits of \$100,000/\$250,000 per Accounting Professional.

Step Rates:

1	2	3
306	446	557

Section II.B, Rule VII.D, Gross Receipts Adjustment is amended to include the following:

The average gross receipts per professional: \$95,000  
(used to determine the Gross Receipts Adjustment Factor)

The Policy Writing Minimum Premium for the CPA Value Plan Program is as follows:

Policy writing minimum premium:

\$180 for claims-made basic limits of \$100,000/\$250,000

For higher limits: multiply the increased limits factor by either the base limits minimum premium or the adjusted limits premium, whichever is greater.

**Accountants Professional Liability**  
**Section III.**  
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**III.B. CPA Value Plan Program**

**IV. EXTENDED CLAIM REPORTING PERIOD COVERAGE**

The percentage factors in the following table shall be applied to the annual premium in effect at the inception of the policy to which the Extended Claim Reporting Period endorsement is attached. In addition to extending the time for reporting claims under this policy, this provides reinstatement of policy limits for the Extended Claim Reporting Period.

Years of ECRP Option	% of last Claims-made Policy Annual Premium
1	100%
3	220%
5	250%
6	260%

**V. CPA NetProtect BASE PREMIUMS**

- A. The final premium is calculated by selecting the base premium corresponding to the Insured's revenue range and multiplying by appropriate factors for Increased Limits and Deductibles and finally **adding** the base premium corresponding to the insured's revenue range for the Privacy Event Coverage, all of which are described in the Product Manual.

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\$ 400,001	\$ 500,000	\$ 339
\$ 500,001	\$ 650,000	\$ 405
\$ 650,001	\$ 800,000	\$ 504

**Accountants Professional Liability**  
**Section III.**  
**State Pages**  
**III.B. CPA Value Plan Program**

B. Increased Limit Factors (ILF's)

<b>ILF</b>				
<b>Claim Limit</b>	<b><u>Aggregate Limit</u></b>			
	\$100K	\$250K	\$500K	\$1mm
\$ 100,000	0.550			
\$ 250,000		0.650		
\$ 500,000			0.775	
\$ 1,000,000				1.000

C. Deductible Factors

<b>DEDUCTIBLE</b>	
Deductible	Factor
\$ 2,500	1.35
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\$ 50,000	0.80

D. Privacy Event Coverage Premium

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\$ 300,001	\$ 400,000	\$ 231
\$ 400,001	\$ 500,000	\$ 308
\$ 500,001	\$ 650,000	\$ 308
\$ 650,001	\$ 800,000	\$ 308

- Privacy Event Coverage up to \$15,000/\$15,000 for firms with revenues of \$400,000 or less.
- Privacy Event Coverage up to \$25,000/\$25,000 for firms with revenues of \$400,001 or more.

SERFF Tracking Number: CNAC-125913338 State: Arkansas  
Filing Company: Continental Casualty Company State Tracking Number: EFT \$100  
Company Tracking Number: 08-R2248  
TOI: 17.0 Other Liability - Claims Made/Occurrence Sub-TOI: 17.0019 Professional Errors & Omissions Liability  
Product Name: Accountants NetProtect Program  
Project Name/Number: Accountants NetProtect Program /08-R2248

## Supporting Document Schedules

<b>Satisfied -Name:</b>	Uniform Transmittal Document-Property & Casualty	<b>Review Status:</b>	Filed	11/21/2008
<b>Comments:</b>				
<b>Attachments:</b>				
	AR PC TD R .pdf			
	PC RR AR.pdf			
<b>Bypassed -Name:</b>	NAIC Loss Cost Filing Document for OTHER than Workers' Comp	<b>Review Status:</b>	Filed	11/21/2008
<b>Bypass Reason:</b>	Not a loss cost filing			
<b>Comments:</b>				
<b>Satisfied -Name:</b>	NAIC loss cost data entry document	<b>Review Status:</b>	Filed	11/21/2008
<b>Comments:</b>				
<b>Attachment:</b>				
	FORM RF-1 Rate Filing Abstract.pdf			
<b>Satisfied -Name:</b>	cover letter	<b>Review Status:</b>	Filed	11/21/2008
<b>Comments:</b>				
<b>Attachment:</b>				
	AR 08-R2248 Rates Cover let .pdf			
<b>Satisfied -Name:</b>	Actuary Memo	<b>Review Status:</b>	Filed	11/21/2008
<b>Comments:</b>				
<b>Attachment:</b>				
	NetProtect Accountants Actuary Memo .pdf			

# Property & Casualty Transmittal Document

<b>1. Reserved for Insurance Dept. Use Only</b>	<b>2. Insurance Department Use only</b>	
	a. Date the filing is received:	
	b. Analyst:	
	c. Disposition:	
	d. Date of disposition of the filing:	
	e. Effective date of filing:	
	New Business	
	Renewal Business	
	f. State Filing #:	
	g. SERFF Filing #:	
h. Subject Codes		

<b>3. Group Name</b>	<b>Group NAIC #</b>
CNA	218

4. Company Name(s)	Domicile	NAIC #	FEIN #	State #
Continental Casualty Company	IL	20443	36-2114545	

<b>5. Company Tracking Number</b>	<b>08-R2248</b>
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**Contact Info of Filer(s) or Corporate Officer(s)** [include toll-free number]

6. Name and address	Title	Telephone #s	FAX #	e-mail
Robert Alonzo 40 Wall Street - 9 <sup>th</sup> Floor	State Filing Analyst	212-440-3478	212-440-2877	robert.alonzo@cna.com
New York, NY 10005				

<b>7.</b> Signature of authorized filer	<i>Robert Alonzo</i>
<b>8.</b> Please print name of authorized filer	Robert Alonzo

**Filing information** (see General Instructions for descriptions of these fields)

<b>9. Type of Insurance (TOI)</b>	17.0 Other Liability
<b>10. Sub-Type of Insurance (Sub-TOI)</b>	Professional
<b>11. State Specific Product code(s) (if applicable)[See State Specific Requirements]</b>	
<b>12. Company Program Title</b> (Marketing title)	Accountants Professional Liability Program
<b>13. Filing Type</b>	<input type="checkbox"/> Rate/Loss Cost <input type="checkbox"/> Rules <input checked="" type="checkbox"/> Rates/Rules <input type="checkbox"/> Forms <input type="checkbox"/> Combination Rates/Rules/Forms <input type="checkbox"/> Withdrawal <input type="checkbox"/> Other (give description)
<b>14. Effective Date(s) Requested</b>	New: 1/1/2009                      Renewal: 1/1/2009
<b>15. Reference Filing?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>16. Reference Organization</b> (if applicable)	
<b>17. Reference Organization # &amp; Title</b>	

<b>18. Company's Date of Filing</b>	
<b>19. Status of filing in domicile</b>	<input type="checkbox"/> Not Filed <input type="checkbox"/> Pending <input type="checkbox"/> Authorized <input type="checkbox"/> Disapproved

## Property & Casualty Transmittal Document—

<b>20. This filing transmittal is part of Company Tracking #</b>	08-R2248
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<b>21. Filing Description</b> [This area can be used in lieu of a cover letter or filing memorandum and is free-form text]
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On behalf of Continental Casualty Company, we hereby submit for your review and approval the attached updated manual rates & rules for use with our approved Accountants Professional Liability Program currently on file with your department. Attached for your review is:

- the actuarial memorandum providing details of the proposed rates;
- new Premier Plan Product Manual pages APL-IIA-19 ;
- new Value Plan Product Manual page APL-IIB-6;
- revised Premier Plan State exception pages;
- revised Value Plan State exception pages; and

<b>22. Filing Fees</b> (Filer must provide check # and fee amount if applicable) [If a state requires you to show how you calculated your filing fees, place that calculation below]
---

**Check #: EFT**  
**Amount: 100.00**

**Refer to each state's checklist for additional state specific requirements or instructions on calculating fees.**

**\*\*\*Refer to the each state's checklist for additional state specific requirements (i.e. # of additional copies required, other state specific forms, etc.)**

**RATE/RULE FILING SCHEDULE**

(This form must be provided ONLY when making a filing that includes rate-related items such as Rate; Rule; Rate & Rule; Reference; Loss Cost; Loss Cost & Rule or Rate, etc.)

**(Do not refer to the body of the filing for the component/exhibit listing, unless allowed by state.)**

<b>1.</b>	<b>This filing transmittal is part of Company Tracking #</b>	<b>08-R2248</b>
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<b>2.</b>	<b>This filing corresponds to form filing number</b> (Company tracking number of form filing, if applicable)	<b>08-F2248</b>
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☐ Rate Increase      ☐ Rate Decrease      ☒ Rate Neutral (0%)

<b>3.</b>	<b>Filing Method (Prior Approval, File &amp; Use, Flex Band, etc.)</b>	<b>P/A</b>
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<b>4a.</b>	<b>Rate Change by Company (As Proposed)</b>						
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Company Name	Overall % Indicated Change (when applicable)	Overall % Rate Impact	Written premium change for this program	# of policyholders affected for this program	Written premium for this program	Maximum % Change (where required)	Minimum % Change (where required)
CNA	N/A	N/A	N/A	N/A	1,335,688	N/A	N/A

<b>4b.</b>	<b>Rate Change by Company (As Accepted) For State Use Only</b>						
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Company Name	Overall % Indicated Change (when applicable)	Overall % Rate Impact	Written premium change for this program	# of policyholders affected for this program	Written premium for this program	Maximum % Change (where required)	Minimum % Change (where required)

<b>Overall Rate Information (Complete for Multiple Company Filings only)</b>			
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		COMPANY USE	STATE USE
<b>5a.</b>	<b>Overall percentage rate indication (when applicable)</b>		
<b>5b.</b>	<b>Overall percentage rate impact for this filing</b>		
<b>5c.</b>	<b>Effect of Rate Filing – Written premium change for this program</b>		
<b>5d.</b>	<b>Effect of Rate Filing – Number of policyholders affected</b>		

<b>6.</b>	<b>Overall percentage of last rate revision</b>	<b>New program</b>
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<b>7.</b>	<b>Effective Date of last rate revision</b>	<b>New program</b>
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<b>8.</b>	<b>Filing Method of Last filing (Prior Approval, File &amp; Use, Flex Band, etc.)</b>	<b>new program</b>
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<b>9.</b>	<b>Rule # or Page # Submitted for Review</b>	<b>Replacement or Withdrawn?</b>	<b>Previous state filing number, if required by state</b>
01	Premier Page - APL-IIA-19	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	
02	Value Page - APL-IIB-6	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	
03	Premier Pages – 1 thru 9	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	
04	Value Pages – 1 thru 3	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	

## NAIC LOSS COST DATA ENTRY DOCUMENT

1.	This filing transmittal is part of Company Tracking #	08-R2248
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2.	If filing is an adoption of an advisory organization loss cost filing, give name of Advisory Organization and Reference/ Item Filing Number	N/A
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	Company Name		Company NAIC Number
3.	A. Continental Casualty Company	B.	20443

	Product Coding Matrix Line of Business (i.e., Type of Insurance)		Product Coding Matrix Line of Insurance (i.e., Sub-type of Insurance)
4.	A. Accountants Professional Liability	B.	Net Protect

5.

(A) COVERAGE (See Instructions)	(B) Indicated % Rate Level Change	(C) Requested % Rate Level Change	FOR LOSS COSTS ONLY				
			(D) Expected Loss Ratio	(E) Loss Cost Modification Factor	(F) Selected Loss Cost Multiplier	(G) Expense Constant (If Applicable)	(H) Co. Current Loss Cost Multiplier
Net Protect	NA	NA	NA	NA	NA	NA	NA
TOTAL OVERALL EFFECT	NA						

6.

5 Year History

Rate Change History

Year	Policy Count	% of Change	Effective Date	State Earned Premium (000)	Incurred Losses (000)	State Loss Ratio	Countrywide Loss Ratio

7.

Expense Constants	Selected Provisions
A. Total Production Expense	NA
B. General Expense	NA
C. Taxes, License & Fees	NA
D. Underwriting Profit & Contingencies	NA
E. Other (explain)	NA
F. TOTAL	NA

8. NA Apply Lost Cost Factors to Future filings? (Y or N)

9. NA Estimated Maximum Rate Increase for any Insured (%). Territory (if applicable): \_\_\_\_\_

10. NA Estimated Maximum Rate Decrease for any Insured (%) Territory (if applicable): \_\_\_\_\_ PC RLC



40 Wall Street – 9<sup>th</sup> Floor  
New York, New York 10005

**Robert Alonzo**

State Filing Analyst  
P & C State Filing Unit  
CNA Global Specialty Lines

November 20, 2008

Telephone 212-440-3478  
Facsimile 212-440-2877  
Toll Free 877-269-3277 x 3478  
Internet robert.alonzo@cna.com

ARKANSAS INSURANCE DEPARTMENT  
PROPERTY & CASUALTY DIVISION  
1200 W 3RD ST  
LITTLE ROCK AR 72201-1904

**RE: CONTINENTAL CASUALTY COMPANY NAIC #: 218-20443 FEIN#: 36-2114545**  
Accountants Professional Liability Program  
Rates and Rules  
Our File #: 08-R2248

To Whom It May Concern:

On behalf of Continental Casualty Company, we hereby submit for your review and approval the attached updated manual rates & rules for use with our approved Accountants Professional Liability Program currently on file with your department.

Attached for your review is:

- the actuarial memorandum providing details of the proposed rates;
- new Premier Plan Product Manual pages APL-IIA-19 ;
- new Value Plan Product Manual page APL-IIB-6;
- revised Premier Plan State exception pages;
- revised Value Plan State exception pages; and

Please note that the only change to the Premier Plan and Value Plan state exception pages is the addition of the new CPA NetProtect rates. All other items on the state exception pages remain as previously approved.

Please note the corresponding form filing is being submitted simultaneously under separate cover.

We propose that this filing become applicable to all policies written on or after January 1, 2009, or the earliest date permitted by your state.

Sincerely,

*Robert Alonzo*

Robert Alonzo  
State Filing Analyst

**CNA INSURANCE COMPANIES  
NETPROTECT RATING PLAN**

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**FILING MEMORANDUM**

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With this filing we are pleased to introduce a new endorsement to the Accountant's Professional Liability policy providing Third Party Network Damage and Privacy Event coverage to policyholders. NetProtect is an endorsement, intended to be sold to any customer who uses computers or software as part of their business.

The rating methodology is included in the attached rule pages. Base rates were developed using external sources of industry data, with the exposure base being Revenue. This exposure base is appropriate since the largest firms have the most claims and the highest claims severity. Most Third Party Network Security and Privacy claims are based on a breach of a policyholder's data system, which are infrequent, but severe, by nature.

Variation to the base rates has also been built-in through variables that modify the premium based upon the specific features of each risk such as the selected deductible or limit of liability. This rating plan does not contemplate any substantial shift in trends involving legal environment or loss severity.